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30869 7590 7/14/2008

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.
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Abigail Capulong (Depositor's name)

/ Abigail Capulong / (Signature)

7/29/08 (Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
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10/759799	1/15/2004	Hemant Kumar Jain	INT-102/US	8270
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Title: METHOD AND APPARATUS FOR RATE BASED DENIAL OF SERVICE ATTACK DETECTION AND PREVENTION

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
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nonprovisional	YES	\$720	\$300	\$0	\$1020	10/14/2008
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Examiner

Art Unit

Class-SubClass

SHAIFER-HARRIMAN, DANT B

2134

713/151

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

- ☐ Change of correspondence address attached.
☐ "Fee address" indication attached.

2. For printing on the patent front page list firm name:

LUMEN PATENT FIRM, INC.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1. IntruGuard Devices, Inc.

(B) RESIDENCE (City and State or Country)

1. Sunnyvale, CA

08/01/2008 RMEBRAH1 00000052 10759799

01 FC:2501 720.00 OP
02 FC:1501 300.00 OPPlease check the appropriate assignee category/categories: ☐ Individual ☒ Corporation or Private Group Entity ☐ Government**4a. The following fee(s) are submitted:**

- ☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies _____

4b. Payment of fee(s):

- ☐ Check is enclosed
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy)

5. Change in entity status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status ☐ b. Applicant is no longer claiming SMALL ENTITY status

SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT

SIGNATURE	/ Thomas J. McFarlane / Reg.No. 39,299	DATE	7/29/08
PRINTED NAME	Thomas J. McFarlane	REG. NO.	39,299

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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/759799
	Filing Date	1/15/2004
	First Named Inventor	Hemant Kumar Jain
	Art Unit	2134
	Examiner Name	SHAIFER-HARRIMAN, DANT B
Total Number of Pages in This Submission	Attorney Docket Number	INT-102/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other <i>(Specified below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: Issue Fee	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Thomas J. McFarlane / Reg.No. 39,299		
PRINTED NAME	Thomas J. McFarlane		
DATE	7/29/08	REGISTRATION NUMBER	39,299

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SIGNATURE	/ Abigail Capulong /
PRINTED NAME	Abigail Capulong
DATE	7/29/08

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